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CLINICAL RESEARCH EVIDENCE FOR THE USE OF ANTIPSYCHOTICS

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The use of atypical antipsychotics in the treatment of mania has become standard practice as supported by most currently available treatment guidelines. Aripiprazole, asenapine, olanzapine, paliperidone, quetiapine, risperidone, and ziprasidone have shown efficacy in placebo-controlled studies in acute mania. Not all these compounds, though, have been tested in maintenance therapy. Aripiprazole, for example, has been evaluated in numerous clinical trials in patients with bipolar disorder. Its efficacy was first established in two 3-week, placebo-controlled trials, and data are now available from a double-blind study of 100 weeks' duration in manic patients, demonstrating both the effective stabilisation offered by aripiprazole and its superiority over placebo in preventing bipolar recurrence, primarily in preventing recurrence into mania.

Furthermore, the addition of aripiprazole to lithium or valproate in patients who are partially non-responsive to these latter agents, can lead to significant improvement in mania symptoms. Several other atypical antipsychotics have also demonstrated adjunctive efficacy in patients with bipolar disorder, including olanzapine, quetiapine and risperidone. Studies comparing different atypical agents have generally shown that efficacy is similar, although the side effect and tolerability profiles differ between agents.

In conclusion, atypical antipsychotics such as aripiprazole have proven short-and long-term efficacy as monotherapy or adjunctive treatment for bipolar mania, providing physicians with additional options when selecting the best treatment for their patients.